



Permit # _____

CITY OF SEDONA

Department of Community Development
COMMERCIAL

Preliminary Questionnaire

1. Business Name _____ Business Registration # _____
2. Street Address _____ Suite # _____
3. Building or Plaza Name _____
4. Please describe, in detail the type of proposed business activity. _____

5. Responsible party for current sewer billing? _____ Account # _____
6. Location of restrooms relative to this space _____
7. Hours of operation will be _____

8. If planning a restaurant, please circle the following that apply:

Full service, Self-service, Take-out, Liquor service.

of indoor seats _____ # of outdoor seats _____

Anticipated # of meals served per peak hours of operation _____

Grease trap size and location _____

Grease interceptor size and location _____

9. Prior to this proposal, what type of business activity was conducted at this location?

10. What types of business are in the adjacent tenant spaces? _____

11. Will the building exterior be painted? Circle one: Yes No If yes, please provide color samples.

12. Does the building have a fire sprinkler system? Circle one: Yes No

13. How many off-street parking spaces are located on the property? _____

14. How many spaces are solely reserved for your business' use? _____

15. What is the gross floor area? _____ square feet

16. Describe any alterations or additions to exterior lighting. _____

17. Will exterior signs or window signs be used? Circle one: Yes No

18. I acknowledge the above information is true to the best of my knowledge. Sign & date below.

Print Name: _____ Signature: _____ Date: _____

City of Sedona • 104 Roadrunner Drive • Sedona, Arizona 86336 • 928-282-1154

RESTAURANTS: (all)

Seat counts are necessary and need to be calculated with every permit. Seat counts affect changes to the customer's monthly billing and the property owner's ERU capacity. _____ (Initial)